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CONFIRMATION NO. 2910

<b>SERIAL NUMBER</b> 10/756,710	<b>FILING OR 371(c) DATE</b> 01/13/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 471.1003 DIV
<b>APPLICANTS</b> Dmitry Rabkin, Chestnut Hill, MA; Eyal Morag, East Hampton, MA; Ophir Perelson, Beverly Hills, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/845,098 04/27/2001 PAT 6,676,692 <i>OK AS</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none AS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/20/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>AS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 48	<b>TOTAL CLAIMS</b> 56
<b>INDEPENDENT CLAIMS</b> 16				
<b>ADDRESS</b> 21831				
<b>TITLE</b> Apparatus for delivering, repositioning and/or retrieving self-expanding stents				
<b>FILING FEE RECEIVED</b> 1493	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	